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LABORATORY BULLETIN

MONTANA STATE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES MAR 2 1972

HELENA, MONTANA

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CURRENT NOTES: REORGANIZATION - PARALYTIC POLIOMYELITIS - WESTERN EQUINE
ENCEPHALITIS - SHIPPING CONTAINERS - DARKFIELDS - INFLUENZA - HOSPITAL
MICROBIOLOGY - COMMUNICATION

1. Reorganization - The department was reorganized on Nov. 29, 1971 by executive order of Governor Forrest H. Anderson under provisions of Section 82 A-101-2103, RCM 1947. There is a Laboratory Division with an administrator reporting to John Anderson, M.D., Director of the Montana State Department of Health and Environmental Sciences. There are five other divisions in the department: Centralized Services, Comprehensive Health Planning, Hospital and Medical Facilities, Environmental Sciences, and Health Services. The laboratory division has a Microbiology Laboratory Bureau and a Chemistry Laboratory Bureau. Ludwig Champa is chief of chemistry and I am chief of microbiology.

2. Poliomyelitis - We received confirmation from CDC that the type I poliovirus recovered last summer from a case of paralysis in Montana is a "wild" type. This emphasizes the great importance of keeping a high level of immunity in the population; the child involved had not been vaccinated. There is an epidemic of poliomyelitis in progress in Trinidad and there have been 158 cases with nine deaths so CDC is recommending a booster of oral vaccine for all travellers to the Caribbean. Trinidad has had for a number of years a very fine virology laboratory financed in part by the Rockefeller foundation and work on enteroviruses has been done there. What an example of lack of communication between a research laboratory and people !

3. Western Equine Encephalitis (WEE) - There have been three instances of persons being infected with WEE virus last summer. They occurred in Shelby, Chinook, and Plentywood and it is the first time laboratory-confirmed infections have been detected since 1965. There were also 19 field cases of WEE in horses reported to the Livestock Sanitary Board. Also from field studies in Glasgow, there is evidence that more sentinel chickens were infected than in the past two years. All of these events are warnings which must be heeded. Mosquito control is the key to prevention. One big problem in our encephalitis territory is the poorly engineered irrigation systems and faulty irrigation practices. This may be improved now that more attention is being accorded to the impact of engineering projects on the environment.

4. Shipping containers - We "lose" about a thousand dollars worth of shipping containers each year. Our present problem is the inner metal liners of double containers for sending infectious materials through the mail. Many specimens are returned with the metal liner missing. This is a violation of postal regulations and the sender is subject to penalties. We are still receiving cultures on plates although we issued a warning about this on page 2 of Bulletin No. 38. We repeat it here: "DO NOT SEND AGAR PLATES" through the mail. Moisture collects in them during transit and carries bacteria out into the packing material. There is no sure way to keep an agar plate from leaking and this constitutes a hazard to people receiving the mail".

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5. Although "DARKFIELD" still appears on our form for "Laboratory Test for Syphilis", we do not perform them in the laboratory. Roland Pratt, Supervisor, Venereal Disease Control and Vaccination Assistance Projects, has a darkfield microscope in his car and is available to do a darkfield in your office if the test is not available locally. He may be contacted at 449-2645, Health Services Division, Montana State Department of Health and Environmental Sciences, Helena.

6. Influenza - We have a number of viral isolates which have been typed in our laboratory and forwarded to the WHO Center as examples of strains from Montana. They appear to be the Hong Kong strain of Asian influenza. This variant first appeared in Montana in October 1968; the previous variant appeared in August 1957. As major mutations in the Group A influenza virus occur about every ten years, another wouldn't be expected until 1978. (One also occurred in 1945-47.)

Material for isolation of influenza virus should not be sent frozen. Thanks to your excellent cooperation, we have sufficient isolates to last until the next epidemic which may take place in the winter of 1973-74. If you wish to confirm diagnoses, the usual paired serum specimens are sufficient.

In the current epidemic, the first confirmed case of Hong Kong 'flu in Montana was reported from Plentywood with an onset date of October 5, 1972. According to our morbidity statistics, the peak was reached the first week of January '72. Here is the record:

Influenza cases reported to the Department for week ending:

12/18 119	1/15 573
12/25 387	1/22 292
1/1 355	1/29 208
1/8 940 (peak)	2/5 227
	2/12 136

7. Hospital Microbiology - There is a "must" coming up in Helena on April 7-8, 1972. Watch for the announcement of the "CONFERENCE on HOSPITAL ENVIRONMENTAL MICROBIOLOGY and INFECTION CONTROL" from the Regional Medical Program office in Great Falls. The faculty will include Dr. Frank Engley, Professor of Microbiology, University of Missouri Medical School, who is a world-renowned authority on disinfectants and disinfection. Frank followed in my footsteps at the University of Connecticut; also at the University of Pennsylvania and then out into the academic world. Lets show him that there are some live people in Montana. We have been promised a delegation from Idaho also.

8. Communication - On the mailing list for laboratory bulletins are the 135 registered laboratories in Montana, hospital administrators, and pathologists. You are responsible for communicating any pertinent material to the practicing physicians you serve. Laboratories performing clinical and public health procedures in Montana in 1972 and registered with the Department of Health and Environmental Sciences fall into the following categories:

A. Licensed as hospitals or community health facilities = 70 (25 are accredited by the Joint Commission)

B. Clinical laboratories located outside of hospitals = 43 (includes laboratories operated by more than two physicians)

C. Research, reference, and teaching laboratories = 10

D. Laboratories operated by the U. S. government = 12

Whenever practical it is recommended that specimens be referred to us through a registered laboratory because they should be knowledgeable concerning our requirements and have the necessary forms and shipping containers. However, we realize that in certain instances it is desirable for a physician to send a specimen directly to us so we do accept such material.